

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/57484

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	2			1			
5				1			
6				1			
7				1			
8				1			
9				1			
10				1			
11				1			
12				1			
13				1			
14				1			
15				1			
16	1			1			
17				1			
18				1			
19				1			
20				1			
21				1			
22	1			1			
23				1			
24				1			
25				1			
26				1			
27				1			
28	1		1				
29			1				
30			1				
31	1		1				
32	1		1				
33		1		1			
34	2		1				
35							
36							
37							
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41							
42							
43							
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45							
46							
47							
48							
49							
50							
TOTAL IND.	3		3				
TOTAL DEP.	34	←	31	←			
TOTAL CLAIMS	37	[REDACTED]	34	[REDACTED]			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↓					
TOTAL CLAIMS							